

Flu Shot Reminder



As a respected source of health care information, patients trust their doctors' recommendations. If you have Medicare patients who haven't yet received their flu shot, help protect them by recommending an annual influenza and a one time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. – And don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends.** Get Your Flu Shot. Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf> .

MLN Matters Number: MM5303

Related Change Request (CR) #: 5303

Related CR Release Date: December 22, 2006

Effective Date: July 1, 2005

Related CR Transmittal #: R1135CP

Implementation Date: March 22, 2007

Correction of Instructions for Calculating IRF Compliance Percentage Threshold

Provider Types Affected

Inpatient Rehabilitation Facilities (IRFs) billing Medicare Fiscal Intermediaries (FIs) or Medicare Part A and Part B Administrative Contractors (A/B MACs) for services paid under the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS)

Background

This article and related CR 5303 highlights the regulations at 42 CFR 412.23(b), 412.25, 412.29, and 412.30, that specify the criteria for a provider to be classified as an IRF. (You may search for CFR sections at <http://www.gpoaccess.gov/cfr/index.html>.)

Hospitals and units meeting these and other criteria are eligible to be paid on a PPS basis as an IRF under the IRF PPS. Further interpretation and instructions for implementing these regulations are found in the revised sections of Chapter 3, Section 140 of the *Medicare Claims Processing Manual* and the web address for that manual is listed in the *Additional Information* section of this article.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Key Points

An IRF is excluded from the acute care hospital PPS or the critical access hospital payment system, if the FI (or A/B MAC) calculations determine that a percentage, or percentages, of a currently certified IRF's total inpatient population during a most recent, consecutive, and appropriate 12-month time period (as defined by the Centers for Medicare & Medicaid (CMS) or the FI) met a specified list of medical condition.

For cost reporting periods that start on or after July 1, 2005, but not later than June 30, 2009, where the compliance review period spans two cost reporting periods, and the compliance review period is divided into two portions of time, the **compliance percentage is calculated by your FI or A/B MAC using either of the following two methods:**

- When the compliance review period spans two cost reporting periods, and the compliance review period is divided into two portions of time, the FI determines that each portion of the compliance review period met the compliance threshold of the cost reporting period that includes that portion of time of the compliance review period.
- When the compliance review period spans two cost reporting periods, and the compliance review period is divided into two portions of time, the FI calculates a weighted average compliance percentage for the entire compliance review period. The FI then determines if the weighted average compliance percentage at least met the greater of the two compliance thresholds when each portion of the compliance review period is linked to its associated cost reporting period.

For cost reporting periods starting after July 1, 2009, the compliance threshold that must be met is 75 percent, and the compliance review period will be a 12-month time period that is not divided into two portions of time.

Note that the table titled "Table of Compliance Review Periods" illustrates the time spans associated with an IRF's compliance review period and the compliance percentage threshold that must be met during each compliance review period.

Depending on the specific compliance review period, a compliance review period may include a span of time from only one cost reporting period, or a compliance review period may span periods of time from two cost reporting periods. This table is available by viewing the official instruction issued to your Medicare FI or A/B MAC and that web address is listed in the *Additional Information* section of this article.

Implementation

The implementation date for the instruction is March 22, 2007.

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Additional Information

For complete details, please see the official instruction issued to your Medicare FI or A/B MAC regarding this change. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R1135CP.pdf> on the CMS web site.

If you have questions, please contact your Medicare FI or A/B MAC at their toll-free number which may be found at: <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS web site.

The following CMS website lists IRF Federal Regulations as well as a complete listing of Federal Regulations related to the Prospective Payment System for IRFs. The website provides links to the rules that gradually increase the compliance percentage threshold that IRFs must meet. The web site is located at <http://www.cms.hhs.gov/InpatientRehabFacPPS/LIRFF/list.asp> on the CMS web site.

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